

Washington State Department of Agriculture Pesticide Management Division P.O. Box 42589 Olympia, WA 98504-2589

Telephone: (360) 902-2025 • Fax: (360) 902-2093

Application for **EXEMPT BUYER STATUS**FOR DISTRIBUTION OF COMMERCIAL FEED IN THE STATE OF WASHINGTON

NAME OF APPLICANT			TITLE		
MAILING ADDRESS (P.O. Box or Street Address)					
CITY COUNTY			STATE	ZIP	
PHYSICAL ADDRESS (If different from above)					
,					
CITY			STATE	ZIP	
TELEPHONE NUMBER FAX NUMB					
()		()	()		
		()			
This is to certify thatington State Department of Agriculture and will be responsible for reporting to distributed by this firm within the State reporting status indicated above change	nd hereby requ Innage and pa of Washington.	ests to be ii ying insped Furthermo	ncluded in the ction fees for ore, this firm	e exempt buyer list of the agend r all commercial feeds that ar will notify the Department if th	
Signed this day of					
SIGNATURE OF APPLICANT			DATE		